



## GLASS ADVANCE DISPOSAL FEE PROGRAM QUARTERLY REPORT FORM

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check the quarterly period covered by this form and fill in the year:

☐ January – March 20\_\_\_\_  
Due April 15th

☐ April – June 20\_\_\_\_  
Due July 15th

☐ July – September 20\_\_\_\_  
Due October 15th

☐ October – December 20\_\_\_\_  
Due January 15th

Amount Remitted: \_\_\_\_\_ containers @ 1.5 cents each = \$ \_\_\_\_\_

*Make checks payable to: Department of Health, State of Hawaii*

Certification is hereby made that the foregoing amounts are correct to the best of my knowledge. In accordance with Hawaii Revised Statutes Chapter 342, the Department of Health may inspect your records relating to the manufacture and importation of deposit beverage containers.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

*Mail completed report form and payment to:*

Hawaii Department of Health  
Office of Solid Waste Management  
919 Ala Moana Blvd., Rm. 212  
Honolulu, HI 96814

*If you have questions, please contact:*

Office of Solid Waste Management  
Phone: (808) 586-4226  
Fax: (808) 586-7509